### FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES DUDGIJANT TO DECILI ATION D

ĺ	OMB APPROVAL
ł	OMB Number: 3235-0076
	Expires January 31, 2009
- 1	Estimated average burden
- 1	hours per response: 16.00

SEC USE ONLY

SEC Mail Processing

Section		UANT TO REGULA		Prefix	1 1	Serial
N 2 1 2009		ECTION 4(6), AND IMITED OFFERING		C	ATE RECEIVE	Ď
ashington, DC						
Name of Offering (☐ check Lateef: Alpha+ LLC: Lim			ind indicate change.)			
Filing Under (Check box(es	) that apply): 🔲 Ru	le 504 🔲 Rule 505	☑ Rule 506 [	Section 4(6)	□ ULOE	
Type of Filing:   New I	Filing 🗹 Amendme					
		A. BASIC IDENTIFI	ICATION DATA			
1. Enter the information rec	uested about the issuer	-			ifi i marijili ji	
•	if this is an amendmen	t and name has changed, a	and indicate change.)			
Lateef: Alpha+ LLC				<del></del>	09000820	
Address of Executive Office	`	ber and Street, City, State	: Zip Code)	Telepho		
One New York Plaza, New	York, New York 100	)04		(212) 902-10		
Address of Principal Busine (if different from Execut	ss Operations (No ive Offices)	umber and Street, (D)		Telephone Numb	er (Including Ar	ea Code)
Brief Description of Busines	is	FE	B 0 2 2009			
To operate as a private	investment fund.		SON RELITERS			
Type of Business Organizati		*				
☐ corporation ☐ business trust	C	<ul><li>limited partnership, alreading</li><li>limited partnership, to be</li></ul>		<ul><li>✓ other (please Limited Liabilit</li></ul>	• • •	
Actual or Estimated Date of	Incorporation or Organ	Month 0 8	Year 0 7	☑ Actual	☐ Estimated	
Jurisdiction of Incorporation	or Organization:	(Enter two-letter U.S. Po State: CN for Canada; Fl			D E	
GENERAL INSTRUCTIONS				, , , , , , , , , , , , , , , , , , , ,		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a pan of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

* Each executive office		-		corp	orate general and m	anagi	ng partners	of par	tnership issuers; and
* Each general and ma Check Box(es) that Apply:	□ Promoter	T pan	Beneficial Owner		Executive Officer	D.	Director	Ø	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Goldman Sachs Asset Manag		e Iss	uer's Managing Mo	embe	r)				
Business or Residence Address			et, City, State, Zip C						
One New York Plaza, New Y	•			,					
Check Box(es) that Apply:			Beneficial Owner	✓ * of	Executive Officer* the Issuer's Manag		Director lember		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Barbetta, Jennifer	ŕ								
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	Code)				-	
One New York Plaza, New Y	•		•	,					
Check Box(es) that Apply:	☐ Promoter			✓  * of	Executive Officer* the Issuer's Manag		Director lember		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Clark, Kent									
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)					
One New York Plaza, New Y	ork, New York	1000	)4						
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	<b>☑</b> * of	Executive Officer* the Issuer's Manag		Director lember		General and/or Managing Partner
Full Name (Last name first, if i Gottlieb, Jason	ndividual)						•		
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)			·	·	
One New York Plaza, New Y	ork, New York	1000	)4						
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	<b>☑</b> * of	Executive Officer* the Issuer's Manag		Director lember		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)		,						
Ross, Hugh M.									
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)					
One New York Plaza, New York	ork, New York	1000	)4						
Check Box(cs) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Business or Residence Address	(Number and	Stre	et, City, State, Zip C	ode)	······································				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)								
Business or Residence Address	(Number and	Stre	ct, City, State, Zip C	ode)					

w. d2 *				B. IN	FORMAT	ION ABO	UT OFFI	ERING				
		•									Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Ø
			A	Answer also	in Appendi	x, Column	2, if filing ι	inder ULOE	Ξ.			
2. What i	s the minim	um investm	ent that wil	l be accepte	ed from any	individual?					\$	*
*The Issuer's Manager may in its sole discretion accept subscription amounts in whatever amount it determines is										ines is	Yes	No
acceptable	e.										. I es	
3. Does the offering permit joint ownership of a single unit?											e e	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.										ctly, any offering		
If a pe	rson to be l	isted is an a	ssociated po	rson or age	nt of a brok	er or dealer	registered	with the SE	C and/or wi	th a state		
or stat	es, list the n	ame of the	broker or de	ealer. If mo	ore than five	e (5) person.	s to be liste	d are associ	ated person	s of such		
	er or dealer,			niormation		Ker or dear	only.					
Full Name	: (Last name	e nrst, ir ind	ividuai)									
Goldman,	Sachs & C	0.*										
*Although	h the securi	ties will be	sold throug	gh Goldma	n, Sachs &	Co., no cor	nmissions v	will be paid	l, directly o	r indirectly	y, for solicit	ing any
purchasei	in any jur	isdiction.	, , ,	G. C.		C: 43						
Business of	or Residence	e Address (f	Number and	Street, City	y, State, Zip	Code)						
	Street, Nev			004								
Name of A	Associated E	Broker or De	aler									
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "	All States" o	or check ind	lividual Stat	es)								II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[OM]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
run name	(Last name	; mst, n ma	ividuai)									
Rucinocc	or Residence	Address (	Jumber and	Street City	y State Zin	Code)						
Dusiness	or residence	. Addiess (i	vamber and	Sirect, City	y, State, Zip	Code						
Name of A	Associated E	Proker or De	ealer		·							
rame or r	1330Clated L	JORCI OI DO	,uici									
	Which Perso											l States
•	All States"			•								
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[NC]	[ND]	[MI] [OH]	[MN] [OK]	[OR]	[PA]
[RI]	[SC]	[NV] [SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
<del></del>	(Last name			[111]	[0.]	<u> [, , ]</u>	£ J	[]				
	•		·									
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Broker or Do	aler								<del></del>	
	Which Perso											
•	All States"			-								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Pi\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity		0	\$	0
	☐ Common ☐ Preferred	_		-	
	Convertible Securities (including warrants)	\$_	0	\$ .	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify): Limited Liability Company Units			\$	227,776,000
	Total	\$	227,776,000	\$	227,776,000
	Answer also in Appendix, Column 3, if filing under ULOE.	_			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		100	\$	227,776,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_		-	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Time of		Dollar Amount
	Type of offering		Type of Security		Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
tł tł	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}$	\$	41,580
	Accounting Fees			\$	0
	Engineering Fees.			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		<b>⊠</b>	\$	41,580
			_	-	

C OFFERING PRIC	CE, NUMBER OF INVESTORS, E	EXPENS	SES	AND USE OF I	PROCE	EDS	
b. Enter the difference between the at	ggregate offering price given in respons ished in response to Part C - Question eds to the issuer."	se to Part ( n 4.a. Thi	: C his	110 000 01 1	\$_		227,734,420
to be used for each of the purposes she furnish an estimate and check the be	own. If the amount for any purpose is rook to the left of the estimate. The tod gross proceeds to the issuer set forth i	not knowr total of th	vn, he				
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees		🗆	\$_	0	_ 0	\$_	0
Purchase of real estate			\$_	0	_ 0	\$_	0
Purchase, rental or leasing and installar	tion of machinery and equipment		\$_	0	_ 🗆	\$_	0
Construction or leasing of plant building	ngs and facilities	🗆	\$_	0		\$_	0
this offering that may be used in ex	ding the value of securities involved in schange for the assets or securities of	f	\$	0	_	<b>-</b> \$	0
		_	_	0		\$ \$	0
• •				0		\$ \$	0
- •	ompany Units			0	— ☑ — ☑	* – \$	227,734,420
·	mipany onns		* – \$		— ₩ —	<b>-</b>	227,734,420
	ıdded)		· <del>-</del>		227,73	34,42	•
	D. FEDERAL SIGNAT	rure	_				
The issuer has duly caused this notice to following signature constitutes an underta of its staff, the information furnished by the	aking by the issuer to furnish to the U.S	S. Securiti	ties an	nd Exchange Comi	mission,	, upon	
ssuer (Print or Type) Lateef: Alpha+ LLC	Signature Capsin		<u> </u>	Date January / 200	09		
Name of Signer (Print or Type) Caroline Kraus	Title of Signer (Print or Typ Assistant Secretary of the		Man	aging Member			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

